40A102 ATS TEST

PRIMARY TAXPAYER:

TEST PAY

PRIMARY SSN:

400-00-4210

SECONDARY TAXPAYER:

JULIE PAY

SECONDARY SSN:

400-00-4220

BANKING INFORMATION

-ROUTING NUMBER (RTN):

283978441

-ACCOUNT NUMBER (DAN):

3081099999

-TYPE OF ACCOUNT:

SAVINGS

-DEBIT AMOUNT:

\$225

-DEBIT DATE:

04/14/2015

40A102 (09-2014)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE





> COMPLETE ONLY IF NOT FILING FEDERAL EXTENSION

> SEE INSTRUCTIONS FOR PAYMENT REQUIREMENTS

APPLICATION FOR EXTENSION OF TIME TO FILE INDIVIDUAL, GENERAL PARTNERSHIP AND FIDICIARY INCOME TAX RETURNS FOR KENTUCKY

Use this form if you are requesting a Kentucky extension of time to file. Taxpayers who request a federal extension are not required to file a separate Kentucky extension. The requirements may be met by attaching federal Form 4868 (automatic extension) to the Kentucky return.

Beginning this year, you may choose to electronically file your Kentucky extension for Individual returns. Filing electronically also allows you the option to pay electronically through a direct debit transaction scheduled on or before April 15, 2015.

All taxpayers filing this Application of Extension must complete Sections I and the the Payment Voucher. If no payment is being remitted, leave amount paid boxes on the Payment Voucher blank. If you are filing your Application of Extension electronically and chose to pay by direct debit, complete Section II with your banking information.

You will be notified only if the application for extension is denied. To avoid the late filing penalty, a copy of this form must be attached to your return when filed. Keep a copy for yourself.

return when filed. Keep a copy for	yourself.						
Section I							
A six-month extension is requested	for filing the income tax r	eturn of the taxpayer(s) listed below for the	taxable year e	nded 12	/31/	/2014
REASON FOR REQUEST (A reason Need additional time to			idered. Inability to	pay tax liability	is not a va	alid re	ason.)
Need additional time to	ille an accurate re	curn.					
		<i>"</i> ,					(4)
Signature of Taxpayer	Date	4 - 1 D	•	of Paid Preparer			
	to: Kentucky Departmen			Y 40602-1190	*		\neg
	te (postmarked after return		Other:				
Section II - Direct Debit of Tax D		ing electronic extensi	on)				
Routing Transit number (RTN)	283978441				iumbers of th 12 or 21 throi		
Depositer account number (DAN)		81099999					
Type of account: Savings Checking authorize the Kentucky Department of Rev				04/14/2015	_		
Your Signature (If joint or combined return		Spouse's Sign		Dat	le		
40.4.40.2 (0.0./4.4)		ch here and mail voucher with your payment tucky Extension Payment Vouche			r 2014		
400 00 4210	-	12/31/2014	400 00	4220			-
Your Social Security No. / F	EIN	Year Ending	Spouse's So	cial Security No.			
PAY	TEST		JUL	IE			_
LAST NAME	FIRST NAME		SPOUS	SE'S NAME			
			Amount Paid		225	0	0
1010 10th Street Paducah KY 42001			Make check pa	yable to: Kentud	cky State T	reasu	irer.
	Mail to:		4080002			2	
Check type of return: Individual Fiduciary General	Partnership Kentuc P.O. Bo	cky Department of I ox 1190 ort, KY 40602-1190	Revenue			7	
		ATTACH CHECK TO VOL	JCHER 40A1	02 (09/14)		1	